MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07103

Reg. Dist. No. 166

V 45-3

1. PLACE OF DEATH:

COUNTY GARRETT MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND, X

LENGTH OF STAY (in this place) 1 DAY

HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WEST VIRGINIA COUNTY PRESTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALBRIGHT

STREET ADDRESS (If rural give location) ROUTE 2,

3. NAME OF DECEASED: (Type or Print) (First) CHRISTINA (Middle) RUTH (Last) DIXON

4. DATE OF DEATH: (Month) JULY (Day) 31 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 24, 1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): INDIANAPOLIS, INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LUM, FREEMAN

14. MOTHER'S MAIDEN NAME: ---- --RAPER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: WARREN DIXON, RT. 2, ALBRIGHT, W. VA.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death 2wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Comedo-Carcinoma left breast

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug 1, 1953 that I last saw the deceased alive on July 31, 1953, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. E. Smith M.D. ADDRESS Terra Alta W Va DATE SIGNED Aug 1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/3/53

NAME OF CEMETERY OR CREMATORY Lutheran,

LOCATION (City, town, or county) Lenox, Preston, W Va. (State)

DATE REC'D BY LOCAL REGISTRAR 8/3/1953

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR H L Browning, Kingwood, W Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 1953
BUREAU V. S.

07104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Dee (Last) Frazee

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH May 10, 1873 | 9. AGE last birthday 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Preston County, W. Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezra Turney | 14. MOTHER'S MAIDEN NAME Jemima Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Elmer B Frazee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset and Death: 18 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Uremia — Coma, Mitral Stenosis

(c) Uremia - Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-, 1953, to 7-21-, 1953, that I last saw the deceased alive on 7-20-, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE H. B. Measamore (Degree or title) M.D. ADDRESS Addison Pa DATE SIGNED 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-22-53 | NAME OF CEMETERY OR CREMATORY Addison, Pa | LOCATION (City, town, or county) Addison, Somerset (State) Pa

DATE REC'D BY LOCAL REG. July 21, 1953 | REGISTRAR'S SIGNATURE Mrs. Kathryn Fike | 24. FUNERAL DIRECTOR E. E. Harned ADDRESS

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07105

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, MARYLAND; LENGTH OF STAY (in this place) Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Edward	George.	July	15	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married.	10/2/1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Asst. Supt. in a Steel Mill		Falmouth, England.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Treweek George	J

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Swissvale, Pa. Mrs. Hilda George, 8014 St Lawrence St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4420.1

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS: PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. J. Baumgartner	M.D.	Oakland Md	7/18/53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/16/1953	Monongahlia Cemetery	North Braddock, Pa.

DATE RECD. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/18/1953	Julia Howan LR	Emroy D. Bolden	Oakland, Md

RECEIVED
JUL 27 1953
BUREAU V. S.

07106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Near Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY West Moreland Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trafford, Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Harrison (Last) Gilkey

4. DATE OF DEATH (Month) 7/20 (Day) 1953 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/26/1907
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman in a Foundry
10b. KIND OF BUSINESS OR INDUSTRY Westing House
11. BIRTHPLACE (State or foreign country) Ardaue, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William H.Gilkey
14. MOTHER'S MAIDEN NAME Sarah Laughead.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 169-10-1124
17. INFORMANT AND ADDRESS Trafford, Pa Mrs. Minerva Gilkey, Rd Box 333

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Heart Disease	4 years
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion	Sudden
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July 1953, to 20 July, 1953, that I last saw the deceased alive on —, 19....., and that death occurred at 5:14 m., from the causes and on the date stated above.

SIGNATURE N. E. Mance (Degree or title) MD ADDRESS Oakland DATE SIGNED 21 July 53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 7/23/1953
NAME OF CEMETERY OR CREMATORY Penn Lincoln Cemetery
LOCATION (City, town, or county) (State) Trafford, Pa.

DATE REC'D BY LOCAL REG. 7/22/53
REGISTRAR'S SIGNATURE Julia L. Brown LR
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07107

CERTIFICATE OF DEATH

Reg. Dist. No. 162

M

C

1. PLACE OF DEATH:
COUNTY Garrette — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garrette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GREDD (Middle) WILLIAM (Last) KAMP 510

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb. 25, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Sacret Heart Hosp. Cumberland. U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otis Warnick Kamp
14. MOTHER'S MAIDEN NAME: Louvina Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr. Otis Kamp, Locononing, Rd, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 5272

Immediate cause (a) congenital angiotonia — INTERVAL BETWEEN ONSET AND DEATH: since birth

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. respiratory infection — 2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to July 1, 1953, that I last saw the deceased alive on July 1, 1953, and that death occurred at 30 m., from the causes and on the date stated above.

SIGNATURE Elizabeth Brown (DEGREE OR TITLE) ADDRESS Cumberland Md. 55 Greene St. DATE SIGNED 7/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/2/53
NAME OF CEMETERY OR CREMATORY Saint Ann's Avilton
LOCATION (City, town, or county) (State) Garrett Co., Maryland

DATE REC'D BY LOCAL REC. 7/2/53
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

202336407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 172

1. PLACE OF DEATH- COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near- Vindex — LENGTH OF STAY (in this place) 4 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Sulphur City- Elk Dist
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Coal Corp.Mine	STREET ADDRESS (If rural, give location) Sulphur-Hartmansville Rd.

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Leo	(Last) Mayhew	4. DATE OF DEATH	(Month) July (Day) 7 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Nov. 13,1911	9. AGE last birthday 41 yrs.	If under 1 year Months 7 Days 24 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Cutting Machine operator	10b. KIND OF BUSINESS OR INDUSTRY Coal mines	11. BIRTHPLACE (State or foreign country) Sulphur City,Mineral Co. W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Henry Mayhew	14. MOTHER'S MAIDEN NAME Marion Roderick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 212-12-8332	17. INFORMANT AND ADDRESS Mrs. Dora Mayhew, R.D. Elk Garden, W.Va.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
910.2 Immediate cause	(a) Crushing Injury Left Chest & Rupture of Lung	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Cervical Vertebrae	
	(c) Fracture Right Femur	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Coal mine near	(CITY OR TOWN) Vindex	(COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 7-1953-6:30 p.m.	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR? Rock fall in mine	

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E.F. [illegible]		Buckhannon Mary[illegible]	7/11/53.

[illegible] INFORMATION (Specify) Burial	DATE THEREOF July 10,1953	NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	LOCATION (City, town, or county) (State) Elk Garden, W.Va.
DATE [illegible] BY LOCAL REG. July 11 53	REGISTRAR'S SIGNATURE A.W. Barrick	24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va.	ADDRESS

MARGIN RESERVED FOR BINDING

[illegible] WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 13 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (in this place): 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lake Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Evans Nursing Home	STREET ADDRESS (If rural, give location): Loch Lynn

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) ----	(Last) Morgan	4. DATE OF DEATH	(Month) July 1, (Day) 1953 (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: 2/2/1884	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: General	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Clinton Morgan	14. MOTHER'S MAIDEN NAME: Nancy Sonders				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 219-01-7658	17. INFORMANT AND ADDRESS: John Savage Mt. Lake Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arthritis + Early Senility

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 mar, 1951, to 29 June, 1953, that I last saw the deceased alive on 29 June, 1953, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Lusby M D		Oakland, Md.	1 July 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 7/2/1953	NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cemetery	LOCATION (City, town, or county) (State): Garrett Co., Md.
DATE REC'D BY LOCAL REG.: 7/2/1953	REGISTRAR'S SIGNATURE: Julia A Lowan LR	24. FUNERAL DIRECTOR: Herbert C Leighton	ADDRESS: Oakland, Md.

RECEIVED
JUL 6 1953
BUREAU V. S.

07111

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND
STREET ADDRESS (If rural, give location) STAR ROUTE BOX B-56

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) CARL (Last) STERNER

4. DATE OF DEATH: (Month) JULY (Day) 30 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 6, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FORMAN at the Westing House
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): 35 PENNA. HARNADSVILLE,
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: STERNER, WILLIAM
14. MOTHER'S MAIDEN NAME: DURST, EMMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 169-10-2624
17. INFORMANT & ADDRESS: EDWARD STERNER, STAR ROUTE BOX B-56, OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

Immediate cause (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio sclerotic Cardio-renal Disease 8 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-16, 1953, to 7-30, 1953, that I last saw the deceased alive on JULY 30, 1953, and that death occurred at 10:25 A.M. from the causes and on the date stated above.

SIGNATURE Andrew E Mance (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 31 July 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 8/2/1953
NAME OF CEMETERY OR CREMATORY ADDISON CEMETERY,
LOCATION (City, town, or county) ADDISON, Pa. (State)

DATE REC'D BY LOCAL REG. 8/1/53
REGISTRAR'S SIGNATURE Julia G. Rowan
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS OAKLAND, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07112 66 / 453

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND,
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROWLESBURGH
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) PETER (Last) WOTRING

4. DATE OF DEATH: (Month) JULY (Day) 16 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 21, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 1 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): ROWLESBURGH, W. VA. 45
12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: WOTRING, WILLIAM
14. MOTHER'S MAIDEN NAME: NINE, ELIZABETH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-07-6577
17. INFORMANT & ADDRESS: J. W. WOTRING 252 E. MAIN STREET KINGWOOD, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X

Immediate cause (a) Diabetic Coma — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitis; — 10 yrs +

DUE TO

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension due to arteriosclerosis Coronary Heart Disease

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 16, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 4:30 P.M. (DST) from the causes and on the date stated above.

SIGNATURE Chas. E. Smith (Degree or title) M. D. ADDRESS Terra Alta W.Va. DATE SIGNED 7-16-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Removal and Burial
DATE THEREOF July 19, 1953
NAME OF CEMETERY OR CREMATORY Eglon Cemetery
LOCATION (City, town, or county) (State) Eglon, W.Va.

DATE REC'D BY LOCAL REGISTRAR July 17/53
REGISTRAR'S SIGNATURE Julia Rowan L.R.
24. FUNERAL DIRECTOR [signature] ADDRESS Terra Alta, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1953
BUREAU V. S.